

Attorney Docket Number: 019717-001210US

PTO FAX NO.: 1-703-872-9314  
ATTENTION: Examiner – Christina Y. Leung

Group Art Unit 2633

**POWER OF ATTORNEY AND  
STATEMENT UNDER 3.73(b)**

**FOR ENTRY IN APPLICATION NO. 09/784,419  
FILED FEBRUARY 15, 2001**

**Official**

**CERTIFICATE OF FACSIMILE TRANSMISSION**

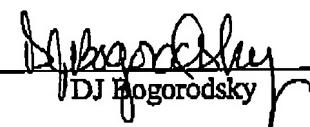
I certify that the following documents regarding application number 09/784,419, filed February 15, 2001, titled LINEAR FULL-RATE PHASE DETECTOR AND CLOCK AND DATA RECOVERY CIRCUIT, by Jun Cao, are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Documents Attached

1. Transmittal Form (1 page)
2. Executed Power of Attorney (1 page)
3. Executed Statement under 3.73(b) (1 page)

Number of pages being transmitted, including this page: 4

Dated: August 6, 2002

  
DJ Bogorodsky

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PTO/SB/21 (08-00)

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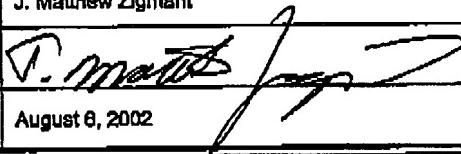
		Application Number	09/784,419
		Filing Date	February 15, 2001
		First Named Inventor	Cao, Jun
		Group Art Unit	2633
		Examiner Name	Christina Y. Leung
Total Number of Pages in This Submission	4	Attorney Docket Number	019717-001210US

## ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
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<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input checked="" type="checkbox"/> Signed Power of Attorney (1 pg)	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	1. Signed Statement under 37 CFR 3.73(b) (1 pg).
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	2. Facsimile coversheet (1 pg)
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

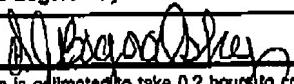
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The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm and Individual name	Townsend and Townsend and Crew LLP J. Matthew Zigmant	Reg. No. 44,005
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